

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32334
Name: Chesapeake Operating, Inc.
Address: P. O. Box 18496
City/State/Zip: Oklahoma City, OK 73154-0496
Purchaser: Oneok
Operator Contact Person: Jim Reisch, Barbara Bale
Phone: (405) 848-8000
Contractor: Name: Murfyn Drilling
License: 30606
Wellsite Geologist: Wes Hansen
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
01/26/05 02/09/05 03/11/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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KANSAS CORPORATION COMMISSION
JUL 20 2005
CONSERVATION DIVISION
WICHITA, KS

API No. 15 - 081-21570 - 00-00
County: Haskell
_____ w/2 _____ SW _____ SE _____ Sec. 23 Twp. 29 S. R. 34 East West
660 _____ feet from (S) N (circle one) Line of Section
2540 _____ feet from (E) W (circle one) Line of Section
BHL: 660' FSL & 2165' FWL
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: MLP WRIGHT Well #: 3-23
Field Name: EUBANK SOUTH
Producing Formation: CHESTER
Elevation: Ground: 2964 Kelly Bushing: 2975
Total Depth: 5702 Plug Back Total Depth: 5588
Amount of Surface Pipe Set and Cemented at 1806 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3095 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cm.

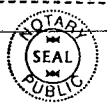
Drilling Fluid Management Plan AH 1 NCR 8-11-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: ASSET MANAGER Date: 07/19/05
Subscribed and sworn to before me this 19th day of July
2005
Notary Public: Lucretia A. Morris
Date Commission Expires: 11/27/08

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: 7-25-05
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

 LUCRETIA A. MORRIS
Notary Public
State of Oklahoma
Commission # 00018352 Expires 11/27/08



Operator Name: Chesapeake Operating, Inc. Lease Name: MLP WRIGHT Well #: 3-23
 Sec. 23 Twp. 29 S. R. 34 East West County: Haskell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

****Directional Hole - all tops TVD**

Name	Top	Datum
Heebner Shale	4042	-1067
Lansing	4134	-1159
Stark shale	4510	-1535
Marmaton	4694	-1719
Cherokee Shale	4880	-1905
Morrow Shale	5194	-2219
Meramec	5413	-2438

DIL;ML;BHC;CNFD

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surf	12-1/4	8-5/8	24#	1806	445 Midcon &	150 Prem +	2% CC
Prod	7-7/8	5-1/2	15.5#	5660	Prem H	305	
Port Collar				3095	CI C	150 & 350	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5400'-5410'	Frac: 65Q N2 + 27400g Gel + 32K# sd	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	5375	na	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
03/11/05		<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1	310	6	310000	

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 3519482	TICKET DATE 01/27/05
BDA / STATE MC/KS	COUNTY HASKELL
PSL DEPARTMENT Cement	ORIGINAL
CUSTOMER REP / PHONE 30 MELVIN MCDANIEL 405-627-9717	
WELL TYPE 01 Oil	APR # AFF # 140289
DEPARTMENT ZI	SAP BOMB NUMBER 7521
HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS	

REGION Central Operations	MWA / COUNTRY Mid Continent/USA
MBU ID / EMPL # MCIL 0110 / 195811	H.E.S. EMPLOYEE NAME MERSHEK WILTSHIRE
LOCATION LIBERAL	COMPANY CHESAPEAKE OPERATING
TICKET AMOUNT \$18,204.31	
WELL LOCATION SATANTA	
LEASE NAME MLP WRIGHT	Well No. 3-23
	SEC / TWP / RNG 23 - 29S - 34W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Harper, K 241985	12.0			
Wiltshire, M 195811	12.0			
Archuleta, M 226383	12.0			
Albright, J 325347	12.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	80			
10251403	80			
10244148-10011591	40			
10243558-10011278	40			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	1/28/2005	1/28/2005	1/28/2005	1/28/2005
Time	000	0230	0930	1100

Type and Size	Qty	Make
Float Collar	1	H
Float Shoe		O
Centralizers	10	W
Top Plug	1	C
HEAD	1	H O
Limit clamp	1	O
Weld-A	1	W
Guide Shoe	1	C
BTM PLUG		O

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24#	8 5/8		0	1,809	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials		
Mud Type _____	Density _____	Lb/Gal _____
Disp. Fluid _____	Density _____	Lb/Gal _____
Prop. Type _____	Size _____	Lb _____
Prop. Type _____	Size _____	Lb _____
Acid Type _____	Gal. _____	% _____
Acid Type _____	Gal. _____	% _____
Surfactant _____	Gal. _____	In _____
NE Agent _____	Gal. _____	In _____
Fluid Loss _____	Gal/Lb _____	In _____
Gelling Agent _____	Gal/Lb _____	In _____
Fric. Red. _____	Gal/Lb _____	In _____
Breaker _____	Gal/Lb _____	In _____
Blocking Agent _____	Gal/Lb _____	
Perfpac Balls _____	Qty. _____	
Other _____		
Other _____		
Other _____		
Other _____		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
1/28	8.0	1/28	1.5	Cement Surface Casing
Total	8.0	Total	1.5	

Ordered _____	Hydraulic Horsepower _____	Used _____
Treating _____	Average Rates in BPM _____	Overall _____
Feet 44	Cement Left in Pipe _____	Reason _____
		SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	445	MIDCON PP		2% CC - 1/4# FLOCELE	18.08	2.94	11.40
2	150	PREM PLUS		2% CC - 1/4# FLOCELE	6.36	1.35	14.80
3							
4							

Summary			
Circulating _____	Displacement _____	Preflush: BBI _____	Type: _____
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns -) _____	Lost Returns -) _____	Excess /Return BBI _____	Calc. Disp Bbl _____
Cmt Rtn#Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. _____
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl _____
Shut In: Instant _____	5 Min. _____	Cement Slurry BBI _____	289.0
	15 Min. _____	Total Volume BBI _____	381.00

Frac Ring #1 _____ | Frac Ring #2 _____ | Frac Ring #3 _____ | Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE *Melvin McDaniel* SIGNATURE

ORIGINAL

HALLIBURTON JOB LOG			TICKET # 3519482	TICKET DATE 01/27/05
REGION Central Operations		NWA / COUNTRY Mid Contitnent/USA		BDA / STATE MC/Ks
MBU ID / EMPL # MCIL 0110 / 195811		H.E.S EMPLOYEE NAME MERSHEK WILTSHIRE		COUNTY HASKELL
LOCATION LIBERAL		COMPANY CHESAPEAKE OPERATING		PSL DEPARTMENT Cement
TICKET AMOUNT \$18,204.31		WELL TYPE 01 Oil		CUSTOMER REP / PHONE MELVIN MCDANIEL 405-627-9717
WELL LOCATION SATANTA		DEPARTMENT Z1		API/UWI #
LEASE NAME MLP WRIGHT		Well No. 3-23	SEC / TWP / RNG 23 - 29S - 34W	JOB PURPOSE CODE Cement Surface Casing
				HES FACILITY (CLOSEST TO WELL S) LIBERAL, KS

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
Harper, K 241985	12						
Wiltshire, M 195811	12						
Archuleta, M 226383	12						
Albright, J 325347	12						

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Rate		Press. (PSI)		Job Description / Remarks
				NZ	CSG	Tbg	Tbg	
	000							CALLED FOR JOB
	0230							ARRIVE ON LOCATION
	0245							PRE-JOB SAFTEY MEETING
	0300							SPOT EQUIPMENT
	0700							START CASING
	0915							CASING ON BOTTOM, CIRCULATE W/ RIG
	0948					2500		PRESSURE TEST
	0953	6.5	0-233		100			START LEAD 445 SKS (MIDCON PP) @ 11.4
	1029	5.5	0-36		200			START TAIL 150 SKS (PREM PLUS) @ 14.8
	1034	5.5	269.0		150			END CEMENT
	1035				100			DROP TOP PLUG
	1036	6.5	0-102		25			START DISPLACEMENT
	1055	2.0	102-112		400			SLOW RATE
	1056	2.0	112.0		1000			BUMP PLUG /// FLOAT HELD
	1058				1000			END JOB
					Y			CIRCULATE CEMENT

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HALLIBURTON JOB SUMMARY

REGION Central Operations		MNA / COUNTRY Mid Continent/USA		SALES ORDER NUMBER 3541336	TICKET DATE 02/08/05
MNU ID / EMPL # MCLIO104 212723		H.E.S. EMPLOYEE NAME JERRAKO EVANS		BDA / STATE MC/Ks	COUNTY HASKELL
LOCATION LIBERAL, KS		COMPANY CHESAPEAKE OPERATING		PSL DEPARTMENT Cement	ORIGINAL
TICKET AMOUNT \$17,395.08		WELL TYPE 01 Oil		CUSTOMER REP / PHONE 30 MELVIN MCDANIEL 1-405-627-9717	
WELL LOCATION SATANTA, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7523	Cement Production Casing
LEASE NAME MLP WRIGHT		Well No. 3-23	SEC / TWP / RNS 23 - 29S - 34W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	11.0			
Buttry, C 317429	11.0			
Berumer, E 267804	11.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	80			
10011407-10011306	80			
10244148-10286731	40			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. **131°** Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	2/8/2005	2/8/2005	2/9/2005	2/9/2005
Time	1630	2030	0500	0630

Tools and Accessories

Type and Size	Qty	Make
Float Collar SSII	1	HOWCO
Float Shoe SSII	1	HOWCO
Centralizers FM	16	HOWCO
Top Plug HWE	1	HOWCO
HEAD PC	1	HOWCO
Limit clamp	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe BASKET	1	HOWCO
BTM PLUG		HOWCO

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	17#	5 1/2		0	5,660	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8			5,660	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours	Date	Hours
2/8	10.0	2/8	11.0
Total	10.0	Total	11.0

Description of Job
 Cement Production Casing
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 CONSERVATION DIVISION
 WICHITA KS

Ordered _____ Hydraulic Horsepower _____
 Avail. _____ Used _____
 Treating _____ Average Rates in BPM _____
 Disp. _____ Overall _____
 Cement Left in Pipe _____
 Feet **45** Reason _____ SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	280	PREMIUM H		10%CALSEAL, 10%SALT, .8%HALAD-322, 6#GILSONITE, .15%FWCA	6.50	1.53	14.80
2	25	PREMIUM H		10%CALSEAL, 10%SALT, .8%HALAD-322, 6#GILSONITE, .15%FWCA (T)	6.50	1.53	14.80
3							
4							

Summary

Circulating _____	Displacement _____	Preflush: BBI _____	Type: _____
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns _____	Lost Returns -f _____	Excess /Return BBI _____	Calc. Disp Bbl _____
Cmt Rtrn#Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. 130
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl _____
Shut In: Instant _____	5 Min. _____ 15 Min. _____	Cement Slurry BBI _____	83.0
		Total Volume BBI _____	213.00

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

ALLIED CEMENTING CO., INC. 19111

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Oakley, KS

DATE <u>3-4-05</u>	SEC. <u>23</u>	TWP. <u>29</u>	RANGE <u>34 W</u>	CALLED OUT	ON LOCATION <u>7:00 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>10:00 AM</u>
LP <u>Wissat</u> LEASE				WELL # <u>3-23</u>	LOCATION <u>Sabana N-Rd 170</u>	COUNTY <u>Harrell</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>112 W - N - N</u>			

CONTRACTOR Superior Service
 TYPE OF JOB Cmt Port Caller
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE 2 7/8 DEPTH 3095'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 17.95 BBL

OWNER Same
 CEMENT
 AMOUNT ORDERED 350 Lbs 110# Gb-sual
150 sks Class C
 COMMON Class C 150 @ 10.95 1642.50
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
Lite weight 350 sks @ 7.95 2782.50
Flo-Seal 98# @ 1.40 123.20
 HANDLING 527 sks @ 1.35 711.45
 MILEAGE 58.15K/mi 922.25
 TOTAL 6181.90

REMARKS:

Test ckg to 2000 PSI open tool
Mix Cmt Displace 17.5 BBL
Close tool test ckg to 2000 PSI
Run 2 Jts thg Reverse Hole
clean No Returns
During Job

SERVICE

DEPTH OF JOB 3095 FT
 PUMP TRUCK CHARGE 700.00
 EXTRA FOOTAGE @ _____
 MILEAGE 35 mi @ 4.00 140.00
 MANIFOLD @ _____
 @ _____
 @ _____

CHARGE TO: Chesapeake Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 JUL 20 2005
 CONSERVATION DIVISION
 WICHITA, KS

TOTAL 840.00

PLUG & FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS
 PRINTED NAME _____